

Bullock Co. Corrections
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright
 VIOLATION # 31 ASSAULT ON ANOTHER INMATE
 OR REASON:
 DATE & TIME RECEIVED: 11/3/04 10:40 pm.
 PERTINENT INFORMATION:

AIS NO: 8/187140 CELL: 4
 ADMITTANCE AUTHORIZED BY: H. Gurnadlyn Babers
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/29 MON	MORN	Y			NO	NO	Y	NO	0 med	Julia Ellery
	DAY		N		NO	9:45-8:30	Y	NO	0 med	Julia Ellery
	EVE			Y	N	N	Y	N	0 med	Julia Ellery
11/30 TUE	MORN	Y			N	N	Y	N	0 med	Julia Ellery
	DAY		N		N	12:00-12:45	Y	N	0 med	Julia Ellery
	EVE			Y	Y	ND	Y	N	0 med	Julia Ellery
12/1 WED	MORN	Y			NO	NO	Y	NO	0 med	Julia Ellery
	DAY		N		N	N	Y	N	0 med	Julia Ellery
	EVE			Y	N	N	Y	N	0 med	Julia Ellery
12/2 THUR	MORN	Y			NO	NO	Y	NO	0 med	Julia Ellery
	DAY		N		N	Refused	Y	N	0 med	Julia Ellery
	EVE			Y	Y	N	Y	N	0 med	Julia Ellery
12/3 FRI	MORN	Y			NO	NO	Y	NO	0 med	Julia Ellery
	DAY		N		N	Refused	Y	N	0 med	Julia Ellery
	EVE			Y	N	N	Y	N	0 med	Julia Ellery
12/4 SAT	MORN	Y			N	N	Y	N	0 med	Julia Ellery
	DAY		N		N	N	Y	N	0 med	Julia Ellery
	EVE			Y	Y	N	Y	N	0 med	Julia Ellery
12/5 SUN	MORN	Y			N	N	Y	N	0 med	Julia Ellery
	DAY		N		N	Refused	Y	N	0 med	Julia Ellery
	EVE			Y	R	N	Y	N	0 med	Julia Ellery

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive;

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
 NOT TO BE PHOTOCOPIED

Bullock Co. Corrections
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright
 VIOLATION # 3
 OR REASON: Assault On Another Inmate
 DATE & TIME RECEIVED: 11/3/04 10:40 PM
 PERTINENT INFORMATION: _____

AMS NO: B187140 CELL: # 4
 ADMITTANCE AUTHORIZED BY: Lt. Babers
 DATE & TIME RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/6	MORN	Y			N	N	Wright	N	Med given	H. Johnson, Col H. Johnson, Col Wright, Col
	DAY		N		N	NO	Wright	N	Med given	
	EVE			Y	NO	NO	Wright	NO	Med given	
MON										
12/7	MORN	Y			N	N	Wright	N	Med given	Wm. Thompson, Col S. Thompson, Col Wright, Col
	DAY		N		N	N	Wright	N	Med given	
	EVE			Y	N	N	Wright	N	Med given	
TUE										
12/8	MORN	Y			NO	NO	Wright	NO	Med given	Julia E. Ellis, Col R. Thompson, Col Wright, Col
	DAY		N		N	N	Wright	N	Med given	
	EVE			Y	N	N	Wright	N	Med given	
WED										
12/9	MORN	Y			NO	NO	Wright	NO	Med given	Julia E. Ellis, Col R. Thompson, Col Wright, Col
	DAY		N		N	Refused	Wright	NO	Med given	
	EVE			Y	N	N	Wright	N	Med given	
THUR										
12/10	MORN	Y			NO	NO	Wright	NO	Med given	Julia E. Ellis, Col R. Thompson, Col Wright, Col
	DAY		N		N	N	Wright	N	Med given	
	EVE			Y	N	N	Wright	N	Med given	
FRI										
12/11	MORN	N			N	N	Wright	N	Med given	C. Thompson, Col R. Thompson, Col Wright, Col
	DAY	Y	N		N	N	Wright	N	Med given	
	EVE			Y	N	N	Wright	N	Med given	
SAT										
12/12	MORN	N			N	N	Wright	N	Med given	C. Thompson, Col S. Thompson, Col Wright, Col
	DAY	Y			N	N	Wright	N	Med given	
	EVE			Y	N	N	Wright	N	Med given	
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
 NOT TO BE PHOTOCOPIED